PART B - FEE(S) TRANSMITTAL



Comprete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria Virginia 22313-1450

JAN			or For	(703) 746-4000	ginia 22313-1450	
INSTRUCTIONS: This fo	or should be used for tran	smitting the ISSUE	or <u>Fax</u> FEE and PUBLIC	` '	ured). Blocks 1 through 5 s	hould be completed when
appropriate All further co indicated unless on the red maintenance fee notificatio	below or directed otherwise ons.	Patent, advance order in Block 1, by (a) sp	rs and notification pecifying a new o	of maintenance fees orrespondence address	nired). Blocks 1 through 5 s will be mailed to the current ; and/or (b) indicating a sepa	correspondence address arate "FEE ADDRESS" f
	CE ADDRESS (Note: Use Block 1 for 7590 11/05/2004	any change of address)		Note: A certificate of Fee(s) Transmittal. The papers. Each addition have its own certificate.	mailing can only be used for his certificate cannot be used a la paper, such as an assignme e of mailing or transmission.	or domestic mailings of t for any other accompanyi ent or formal drawing, m
MICHAEL P. M						
686 CRESCENT I GLEN ELYN, IL	BLVD.			I hereby certify that the States Postal Service addressed to the Ma	rtificate of Mailing or Trans his Fee(s) Transmittal is bein, with sufficient postage for fir il Stop ISSUE FEE address PTO (703) 746-4000, on the o	smission g deposited with the Unit st class mail in an envelo above, or being facsim
/27/2005 GWDRDOF2 0000	00105 502734 0999031	.2			TO (703) 746-4000, on the chael P. Mazz	
FC:2501 700.00				9	2 Demense	(Signatu
FC:1504 300.00 FC:8001 15.00					1/20/7/02	(Da
APPLICATION NO.	FILING DATE	FIR	ST NAMED INVE	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/990,312	11/23/2001		Martin P. Madde	n	2771 CON	1194
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	P	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685		\$300	\$985	02/07/2005
EXAMINER		ART UNIT	C	LASS-SUBCLASS		
JEANTY, ROMAIN		3623		705-038000		
CFR 1.363).	ce address or indication of "F dence address (or Change of		(1) the names of or agents OR, alte	• •	1 1/1/	hael P. Mazz
PTO/SB/47; Rev 03-02	(22) attached. ation (or "Fee Address" Indic or more recent) attached. Us	ation form e of a Customer	registered attorne	single firm (having as or agent) and the nan tattorneys or agents. If ll be printed.	nes of up to	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	ation (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E	ation form e of a Customer BE PRINTED ON THE	registered attorne 2 registered paten listed, no name w	or agent) and the nan attorneys or agents. If Il be printed.	nes of up to no name is 3	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	ation (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E	ation form e of a Customer BE PRINTED ON THE	registered attorne 2 registered paten listed, no name w	or agent) and the nan attorneys or agents. If Il be printed.	nes of up to	ocument has been filed
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	ation (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion	ation form e of a Customer BE PRINTED ON THE elow, no assignee data of this form is NOT a	registered attorne; 2 registered paten listed, no name w E PATENT (print a will appear on substitute for filin	or agent) and the nan attorneys or agents. If Il be printed.	nes of up to no name is 3	locument has been filed
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	ation (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion	ation form e of a Customer BE PRINTED ON THE elow, no assignee date of this form is NOT a (B) R	registered attorne; 2 registered paten 2 registered paten listed, no name w E PATENT (print a will appear on substitute for filin ESIDENCE: (CIT	y or agent) and the nant attorneys or agents. If all be printed. or type) the patent. If an assign g an assignment. Y and STATE OR CO	nes of up to no name is 3nee is identified below, the duntry)	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	ation (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E s an assignee is identified b in 37 CFR 3.11. Completion IEE	ation form e of a Customer BE PRINTED ON THE elow, no assignee dat of this form is NOT a (B) R prices (will not be printe	registered attorne; 2 registered paten 2 registered paten listed, no name with the patent 2 registered p	y or agent) and the nant attorneys or agents. If all be printed. or type) the patent. If an assign g an assignment. Y and STATE OR CO	nes of up to no name is 3	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Please check the appropriate 4a. The following fee(s) are	ation (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion NEE	ation form e of a Customer BE PRINTED ON THE elow, no assignee data of this form is NOT a (B) R pries (will not be printe	registered attorne; 2 registered paten 1 registered paten 1 isted, no name with E PATENT (print a will appear on substitute for filin ESIDENCE: (CIT and on the patent): ayment of Fee(s):	y or agent) and the nan attorneys or agents. If il be printed. or type) the patent. If an assign g an assignment. Y and STATE OR CO	nee is identified below, the duntry) orporation or other private gro	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Please check the appropriate 4a. The following fee(s) are lissue Fee	ation (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion NEE	ation form e of a Customer BE PRINTED ON THE elow, no assignee dat of this form is NOT a (B) R prices (will not be printe 4b. Pa	registered attorne; 2 registered paten 1 registered paten 1 isted, no name with E PATENT (print a will appear on substitute for filin ESIDENCE: (CIT and on the patent): ayment of Fee(s): A check in the au Payment by cred	y or agent) and the nan attorneys or agents. If il be printed. or type) the patent. If an assign g an assignment. Y and STATE OR CO Individual Contours of the fee(s) is entited and the fee(s) is entited and the fee contours of the fee(s) is entited.	nee is identified below, the duntry) orporation or other private grandlessed.	oup entity 🚨 Governme
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Please check the appropriate 4a. The following fee(s) are Issue Fee	ation (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E s an assignee is identified b in 37 CFR 3.11. Completion IEE e assignee category or category e enclosed:	ation form e of a Customer BE PRINTED ON THE elow, no assignee dat of this form is NOT a (B) R prices (will not be printe 4b. Pa	registered attorne; 2 registered paten 1 registered paten 1 isted, no name with E PATENT (print a will appear on substitute for filin ESIDENCE: (CIT and on the patent): ayment of Fee(s): A check in the au Payment by cred	y or agent) and the nan attorneys or agents. If il be printed. or type) the patent. If an assign g an assignment. Y and STATE OR CO Individual Contours of the fee(s) is entited and the fee(s) is entited and the fee contours of the fee(s) is entited.	nee is identified below, the duntry) orporation or other private grandlessed.	oup entity Governme
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Please check the appropriate 4a. The following fee(s) are Issue Fee	ation (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E s an assignee is identified b in 37 CFR 3.11. Completion IEE e assignee category or category e enclosed:	ation form e of a Customer BE PRINTED ON THE elow, no assignee data of this form is NOT a (B) R ories (will not be printe 4b. Pa ded) December 200	registered attorne; 2 registered paten 2 registered paten listed, no name w E PATENT (print a will appear on substitute for filin EESIDENCE: (CIT ed on the patent): ayment of Fee(s): A check in the au Payment by cred The Director is eposit Account Nu	or agent) and the nant attorneys or agents. If all be printed. or type) the patent. If an assign an assignment. Y and STATE OR CO Individual Comount of the fee(s) is entire to authorized by the comber	nee is identified below, the decomposition or other private grant aclosed. By is attached. Charge the required fee(s), or the composition of the	credit any overpayment, opy of this form).
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Please check the appropriate 4a. The following fee(s) are publication Fee (No see 1) Advance Order - # 0 To	RESIDENCE DATA TO Es an assignee is identified ben 37 CFR 3.11. Completion REE e assignee category or category enclosed: c enclosed: f Copies f Copies	ation form e of a Customer BE PRINTED ON THE elow, no assignee data of this form is NOT a (B) R pries (will not be printe 4b. Printe 4b. Printe 4c) 37 CFR 1.27.	registered attorne; 2 registered paten 1 registered paten 1 isted, no name with E PATENT (print a will appear on substitute for filin ESIDENCE: (CIT ad on the patent): ayment of Fee(s): A check in the an Payment by cred The Director is Eposit Account Nu b. Applicant is no a Fee (if any) or to om anyone other t	or agent) and the nant attorneys or agents. If all be printed. or type) the patent. If an assign an assignment. Y and STATE OR CO Individual Conount of the fee(s) is entired authorized by authorized by a bolonger claiming SMA	nee is identified below, the duntry) orporation or other private grandlessed.	credit any overpayment, opy of this form).
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Please check the appropriate 4a. The following fee(s) are publication Fee (No see 1) Advance Order - # 0 To	ation (or "Fee Address" Indicor more recent) attached. Us D RESIDENCE DATA TO E s an assignee is identified be n 37 CFR 3.11. Completion IEE e assignee category or category c enclosed: S S (from status indicated above s (from status indicated above s (from status indicated above s (MALL ENTITY status. See bis requested to apply the Isse	ation form e of a Customer BE PRINTED ON THE elow, no assignee data of this form is NOT a (B) R pries (will not be printe 4b. Printe 4b. Printe 4c) 37 CFR 1.27.	registered attorne; 2 registered paten 1 registered paten 1 isted, no name with E PATENT (print a will appear on substitute for filin ESIDENCE: (CIT ad on the patent): ayment of Fee(s): A check in the an Payment by cred The Director is Eposit Account Nu b. Applicant is no a Fee (if any) or to om anyone other t	or agent) and the nant attorneys or agents. If all be printed. or type) the patent. If an assign an assignment. Y and STATE OR CO Individual Conount of the fee(s) is entired authorized by authorized by a bolonger claiming SMA	nee is identified below, the deliberation or other private grant closed. By is attached. Charge the required fee(s), or the control of the	credit any overpayment, opy of this form).

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

JAM 24 MILE PORTOR THE PER

TRANSMITTAL FORM Filing Date First Named II Art Unit Examiner Nar (to be used for all correspondence after initial filing) Total Number of Pages in This Submission Act of 1995, no persons are required to n Application No Filing Date First Named II Art Unit Examiner Nar Attorney Dock	11/23/2001 Inventor Martin P. Madden 3623 Ime Jeanty, Romain						
TRANSMITTAL Filing Date First Named II Art Unit Examiner Named II (to be used for all correspondence after initial filing) Attorney Dock	11/23/2001 Inventor Martin P. Madden 3623 Ime Jeanty, Romain						
First Named I Art Unit Examiner Named II (to be used for all correspondence after initial filing) Attorney Dock	Inventor Martin P. Madden 3623 Ime Jeanty, Romain						
(to be used for all correspondence after initial filing) Art Unit Examiner Nar Attorney Dock	3623 Ime Jeanly, Romain						
(to be used for all correspondence after initial filing) Attorney Dock	me Jeanty, Romain						
(to be used for all correspondence after initial filing) Attorney Dock	Jeanty, Romain						
Attorney Dock	cket Number 2771 CON						
Total Number of Pages in This Submission							
ENCLOSURES	(Check all that apply)						
Fee Transmittal Form Drawing(s) Licensing-relate	After Allowance Communication to TC Appeal Communication to Board						
Fee Attached Licensing-related	or pour and menerones						
Amendment/Reply Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)						
After Final Petition to Conv							
Affidavits/declaration(s) Power of Attorne Change of Corre	ney, Revocation respondence Address Status Letter						
	Other Enclosure(s) (please Identify						
Extension of time Request	below).						
Express Abandonment Request Request for Refi	fund						
Information Disclosure Statement CD, Number of C	CD(s)						
Landscape	e Table on CD						
Certified Copy of Priority Remarks							
Document(s) Issuance Fee							
Incomplete Application							
Reply to Missing Parts under 37 CFR 1.52 or 1.53							
SIGNATURE OF APPLICA	ANT, ATTORNEY, OR AGENT						
Firm Name Michael P. Mazza, LLC							
Signature MOOM							
Printed name Michael ROMOZ	20						
Dete	Reg. No. September 2 4 000						
January 20, 2005	Reg. No. 3 4, 092						
CERTIFICATE OF TR	RANSMISSION/MAILING						
I hereby certify that this correspondence is being facsimile transmitted sufficient postage as first class mail in an envelope addressed to: Corr the date shown below:	d to the USPTO or deposited with the United States Postal Service with mmissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on						
Signature MD May	120						
Typed or printed name Michael 9.	Matta Date 1/20/2005						

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.